

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. X.]

WEDNESDAY, AUGUST 6, 1834.

[NO. 26.]

LACERATED PERINEUM, TREATMENT OF BY OPERATION.

By far the most common cause of division of the perineum in females, is the injury sustained during a difficult labor; and this injury may proceed either from the excessive distention of the part, when the head of the child is making its escape, or from the mal-application of an obstetrical instrument, as of the forceps, lever, &c. Occasionally indeed this accident has arisen from an outward wound, or from a spontaneous and gangrenous ulceration; and in addition to these causes we may also mention, that a most complete destruction of the perineum has sometimes followed injudicious attempts to cure a fistula of the part. The extent of this injury may be very different; the perineum only may be lacerated; and this laceration may be either complete or partial, the anus and its sphincter remaining entire; or a central perforation may have taken place in the perineum, and we know that in some rare cases the child has actually been forced through this perforation. In another set of cases, we find that the perineum escapes, and the recto-vaginal septum is lacerated, or destroyed; and lastly, both parts may be injured together. It might very naturally be supposed that, when the anterior part only of the perineum, or, as it is called, the fourchette, is divided more or less, the accident would be much more easily remedied, than when the sphincter ani is involved: but the very reverse is often found to be true; for indeed, the re-union effected by nature in the first case is always incomplete, and the female is constantly annoyed, more especially if she be young, with a state of parts in which the vulva is considerably prolonged backwards, and has lost much of its contractility.

At present our attention will be limited to the most severe accident of all; that in which the whole extent of the perineum has been lacerated, either with or without an injury of the recto-vaginal septum.

This accident seems to be irremediable by unassisted nature; the edges indeed of the wound may cicatrize, but the healing is never accomplished throughout its whole depth. It forms a very frightful calamity; the vagina and rectum are laid into one, and the discharges of the latter are often voided by the former passage. It is however by no means unfrequent that the female becomes again pregnant, and her accouchement may be the more easy and rapid.

M. Roux knows an English lady who suffered a complete laceration of the perineum in her first labor, and afterwards gave birth to twelve children successively, the accident remaining unrelieved all the time. He thinks it very probable that a great many females may be the subjects of this disgusting calamity, who are ashamed to avow its existence.

In the worst cases the state of the patient is truly miserable; the power of retaining the feces, &c. may be utterly lost, and she is sometimes constantly harassed with the desire of evacuation, and before she has time to prepare for it, the vagina and the adjacent parts may be in a moment deluged with it. She is thus forced to seclude herself from all society, and it cannot be surprising that her general health soon languishes and decays.

How gratifying must it be to a feeling surgeon to be able to rescue a fellow being from such distress ! The earliest case on record, where an attempt was made by the surgeon to repair the loss of the perineum, is one which occurred to Guillemeau, the disciple of Ambrose Paré ; the interrupted suture was employed, and the operation was quite successful. Subsequently to his time, the operation, although spoken of and recommended by some writers, was seldom or never attempted, until about the close of last century ; when two French surgeons, MM. Noel and Saurerotte, performed it with complete success, by means of the twisted suture. Since that period it has been put in practice about half a dozen times in France ; but in most of the cases, with little or no benefit to the patients. The English surgeons seem to have altogether neglected making any attempt in this field of surgery ; and the Germans, though of late they have been ample in their descriptions of the best method of operating, have not contributed any essential improvements. M. Dieffenbach, of Berlin, has been most zealous in the cause ; but with some of his opinions we cannot agree. He tells us that there is no chance of our being able to effect a complete union of a divided perineum, unless we previously make two parallel incisions along the sides of the vulva and perineum, in order that the parts may yield, and thus allow themselves to be kept in easy and natural contact. We shall see hereafter that this preliminary step is quite unnecessary, and ought therefore to be altogether abandoned.

It was the following very interesting case which suggested to M. Roux that improvement in the operation, from which he anticipates the most agreeable results in future.

CASE I.—A young lady, 22 years of age, came from Normandy to Paris in December, 1831, for the purpose of having M. Roux's advice respecting a division of the perineum.

She had been married to a medical man, when she was only 19 years old : and very soon after marriage had become pregnant, so that her accouchement came on just as she reached her twentieth year. The labor was a painful and protracted one, and required the use of the forceps for its completion ; unfortunately the perineum throughout its whole extent was lacerated, and the recto-vaginal septum, for about half an inch, was also torn. This distressing accident was now of two years' standing ; and nature had done nothing to repair the injury. M. Roux, on examining the parts, found that the division was exactly in the median line of the perineum ; its edges or lips were quite smooth, soft, and free from any callosities ; so much so indeed that a person might have supposed at first sight that it was a congenital defect. The anus and vulva formed but one common outlet ; and hence the condition of this interesting patient was most loathsome and afflicting. In order that the frequent desire

of voiding the intestinal discharges might be lessened, she had long accustomed herself to take different preparations of opium; and the effect of these had been, at least in one respect, most soothing; for by regulating the doses she could retain the bowels in a constipated state, for almost any length of time; but notwithstanding this relief, the patient was so afraid of the desire ever coming on unexpectedly, that she quite secluded herself from all society, and her life was spent in wasting melancholy. Fortunately her constitution was decidedly good, and the circumstance of her having acquired the power of confining the bowels, for almost any period which might be desired, was favorable to the success of any operation. The operation was performed in January, 1832, and as M. Roux had at this time no experience in such cases, he followed the practice which he knew had been recommended by most surgeons. The suture which he employed was the twisted one. After paring very carefully the edges of the cicatrized lips of the fissure, he transfixed them with four long needles, introducing these at least one inch from the edges of the wound, so as to prevent the risk of their being loosened by ulceration. No lateral incisions were made, because the part did not appear to be much stretched.

There was not an unfavorable symptom after the operation; the urine was drawn off by the catheter—the most strict regimen was enforced, and the bowels did not act. On the 7th day, M. Roux determined to remove the needles, as the appearance of the wound indicated a re-union throughout its whole extent; but, most unfortunately, this appearance was fallacious, and the adhesion was nothing but a simple agglutination. Two days after the removal of the needles, the wound was quite disunited, and the part, in the course of a short time, was in the same condition as it had been before the operation.

A second attempt was resolved upon, and the patient, although naturally enough disheartened by the failure of the first, was too anxious to submit to any rational experiment, which promised a chance of relieving her from her miserable state.

M. Roux, from reflecting upon the first operation, was inclined to attribute its failure to the employment of the twisted suture, which, acting almost solely on the outer edges of the wound, did not keep up an accurate contact of the parts more deeply seated. That a union did not take place, therefore, no one need be surprised, especially when it is considered that the parts were continually kept moistened by the vaginal discharges.

The preliminary steps of the second operation were quite the same as those of the first. Four strong double ligatures were passed through the lips of the wound by means of curved needles, introduced on the one side from without inwards, and on the other from within outwards; and two pieces of bougie were then laid along the two edges, and accurately retained in their position, the one being received into the loops of the ligatures, while their loose ends were tied firmly over the other. Those who have employed the quill suture, know that a wound always gapes somewhat after its application, and for a very obvious reason—because the pressure is exerted chiefly on the deeper part, and very partially on the outer edges. M. Roux, having calculated on this, took the precau-

tion of inserting a single fine silk ligature along with each double one ; and, when he had adjusted the quill suture, he then tied these single ligatures as after ordinary operations. On the seventh day, the pieces of bougie, and, at the same time, all the ligatures, were withdrawn, and the agreeable discovery was made that a firm and solid union had taken place. Every day successively, for 10 or 12 days, the consolidation of the part became stronger and more secure, and the bowels, most fortunately, were not once disturbed until the 22d day after the operation ; and, although the evacuation then was copious, and of a hard consistence, and accompanied with so much pain and forcing down, that it was necessary to assist its expulsion by pressure of the finger within the vagina, the re-union of the parts had by this time become so complete that no injury whatever was sustained.

[It would certainly have been prudent to have obviated such a state of things by emollient enemata.—REV.]

At the period when this patient left Paris, there was still a small aperture of communication between the rectum and vagina, immediately above the sphincter ani ; the fæces did not, however, pass through it, and M. Roux was informed afterwards that it quite healed up.

The result of the preceding case has been most gratifying ; for it appears that the patient was speedily restored to the enjoyment of connubial intercourse, and within five months after the operation became pregnant, and was, in due time, delivered safely of a full-grown child, the perineum escaping entire and uninjured.

CASE II.—A girl, 21 years of age, was admitted into the Hôpital de la Charité in March 1833. She had become a mother nearly two years before, and so severe had been the delivery, that the perineum had been torn completely through.

Before undertaking any operation, M. Roux subjected her to a very spare diet for several days, in order that there might be little occasion for relief of the bowels. The steps of the operation were the same as we have described in the former case, and a similar after-treatment was rigidly followed. But, as it could scarcely be expected that the bowels would be quite so accommodating, in the present instance, as not to act until two or three weeks elapsed, and until the union might, therefore, be solidified, M. Roux, on the evening of the 6th day, ordered an emollient enema to empty the gut. On the following morning, the ligatures and bougies were removed, and it was found that a very satisfactory union had taken place. By the end of the third week, the adhesion was perfect throughout, except at the deepest part of the recto-vaginal septum, where a small fistula remained, and gave exit occasionally to intestinal gas ; but this also gradually contracted, and had become quite minute when the girl left the hospital.

The third case occurred in a woman, 29 years of age, mother of five children ; her last accouchement had been lingering and severe, and the application of the forceps had induced a complete laceration of the perineum. M. Jacobson, of Copenhagen, and many of the most eminent surgeons in Paris, were present at the operation performed by M. Roux on this woman, and they had afterwards an opportunity of ascertaining the admirable cure that was effected.

The last successful operation was performed on a lady of rank, mother of three children, who had suffered from this distressing calamity for upwards of two years, but who had never mentioned its occurrence to any one, except her accoucheur, until she consulted M. Roux. The steps of the operation were quite the same as he had followed in the other three cases, and a most complete success rewarded his attempt.

The only instance in which he has failed, occurred very recently ; the patient died on the tenth day. The particulars of the case are worth recording.

The woman was forty years of age, and, in her, the destruction of the perineum had been the result, not of a difficult labor, but of an attempt which had been made by a surgeon to cure a fistula ani, communicating with the vagina. In consequence of this, the parts must necessarily have been more or less diseased, and, moreover, the patient labored at the time under a complete prolapsus of the rectum : whenever she stood erect, or coughed, sneezed, or in any way exerted herself, the inverted gut was forced through the large gap in the perineum, forming a tumor as big as a man's fist ; it might, indeed, be returned, but no means that had been used could keep it up permanently. When this patient entered the Hôpital de la Charité, she was suffering from continued fever, accompanied with diarrhœa, distress of the abdomen, and other symptoms, which indicated some inflammatory disorder of the mucous surface of the bowels. During a period of four weeks, an appropriate treatment quite recovered her ; and then, at her own earnest request, M. Roux proceeded to the operation. Unfortunately, on the third day afterwards, fever again set in, the abdomen became very tender, and the diarrhœa returned. The wound did not exhibit any appearances of the adhesive process, and the ligatures had caused ulceration. On the seventh day, the bougies and threads were removed, and, on the ninth, the disunion was complete ; on the following day she died. It is quite reasonable to suppose, that the irritation of the ligatures reproduced those symptoms of intestinal disturbance which ultimately proved fatal ; and M. Roux is candid enough to avow, that perhaps he did not delay the operation for a sufficient length of time after the first illness.

In conclusion, M. R. offers some remarks as to the proper period after the occurrence of the accident for the performance of the operation. When it has taken place during parturition (and this is by far the most frequent cause), it would not be judicious to attempt by art the union of the laceration for at least two or three months ; the highly nervous and impressionable state of constitution in a parturient woman, the recent extreme distention of the parts, the copious flow of lochia, &c. are potent reasons against an early operation. Let the wound, therefore, be left to Nature's efforts, until these objections no longer exist, and let the medical man be satisfied with the gentlest treatment.

It will be found that, in most cases in which the operation is performed, a very considerable degree of dysuria takes place for some days ; the catheter ought, therefore, to be carefully introduced twice, or oftener, a day. In every one of M. Roux's successful examples, the lips of the wound close to the anus, or recto-vaginal septum, were found to be disunited, although the rest had healed at the time when the ligatures and

bougies were removed. There always remained for a week or more, at this part, a fissure, not unlike that which we make in operating for fistula ani; this fissure gradually, however, contracted, and the anus, into which a small oiled tent should be introduced, quickly recovered its healthy condition. The part of the wound most slow in healing is the recto-vaginal septum, and the progress, in some cases, will be found very tedious, in consequence of the extreme difficulty in preventing the passage of the feces, or of the intestinal gases, from the gut into the vagina. But even this, in course of time, and with the assistance of the judicious surgeon, will contract more and more until it finally closes entirely.

The success which M. Roux has obtained, in a set of cases which are by no means unfrequent, and which, hitherto, have too often baffled surgical relief, encourages him to hope that the operation which he has recommended will become as common, and as fortunate, as that of staphylophary, which he was the first to perform, in 1819, although, since that time, no fewer than 65 cases have presented themselves to his notice.

Journal Hebdomadaire.

PROFESSOR BOUILLAUD'S OPINION RESPECTING TYPHOUS FEVER.

"It results (says he) from the 36 cases of typhoid entero-mesenteritis, which were lately treated in the wards of the La Charité, that the inflammatory affection of the lower part of the small intestines, and especially of the clusters of the glandulæ Peyer, constitutes really and truly the fundamental and essential element of the disease. In every instance, from the very commencement of the morbid phenomena, the local symptoms have clearly indicated the existence of such a phlegmasia; and the typhoid state has been developed under the influence of the entero-mesenteritis, in the same manner as we see it supervene in certain cases of severe phlegmonous erysipelas, of phlebitis, &c. It would not be more reasonable to consider inflammation of the intestinal follicles and of the mesenteric glands as a simple consecutive effect of the typhoid state, than it would be to regard a phlegmonous erysipelas, in the course of which typhoid symptoms were developed, as the result of these very symptoms. Such a doctrine would be, in truth, a 'contre-sens,' pathogenesis. We do not, indeed, deny that erysipelas may occur, in subjects already laboring under typhous fever; all that we contend for is, that the obverse case, viz. where the erysipelas is formed before the explosion of the typhoid symptoms, is by no means uncommon, and the scope of our reasoning is obvious when we assert, that the entero-mesenteric phlegmasia is of an erysipelatous character. To those who gainsay our doctrines, we confidently challenge them to adduce a single well-recorded and authenticated case of acute inflammation of Peyer's, and of the mesenteric glands, which did not exhibit in its march and in its symptoms, local as well as constitutional, a most close analogy, if not a complete identity, with that disease, which has been most unfortunately designated by the appellations of fever, typhoid affection, &c. If it be true, as the Father of Medicine has predicated, that 'naturam morborum ostendit curatio,'

another very potent argument may be adduced in favor of our pathological tenets, from the success of the remedial measures we adopt. These are eminently antiphlogistic. It may be said that some of the means, as the quinine and the chlorurets (which were used in a few of the cases in the hospital), are very far from being so; but who does not perceive that, at the period when we had recourse to these, the inflammatory affection had assumed what the ancients denominated a malignant, or rather a putrid character, and, therefore, required for its arrest the intervention of certain measures, superadded to those of a strictly antiphlogistic tendency? In the period of the malady to which we are referring at present, there is indubitably a focus of putrid decomposition, which, re-acting on the whole economy, induces great and important changes in the mass of the blood and other fluids, and to counteract the effects of which, a new and paramount indication arises—an indication which is best fulfilled by the use of the chlorurets, both externally and internally, and of certain tonics, especially quinine.

How agreeable it is to find out that the doctrines which we have taught and inculcated for so many years, are in accordance with the experience of some of the greatest men who have gone before us. The illustrious Sydenham, whose authority is so often misapplied and abused in the present day, has admirably pointed out the relations between the phenomena of malignancy or putridity, and certain sorts or shades of inflammatory action:—*Cujus de malignitate opinionis inventio, humano generi longe ipsa pyrrî-pulveris inventione lætaliôr fuit. Cum enim hæ febræ præsertim malignæ dicantur, in quibus intensioris præ cæteris inflammationis gradus conspicitur.* The following case will illustrate my treatment of the typhus gravior.

A man was brought to the hospital in the second week of typhous fever, and of such an aggravated character were all the symptoms, that we quite despaired of saving him. The prostration was extreme—the tongue, lips and teeth covered with a black crust—breath very fetid—respiration exceedingly feeble—pulse minute, and very rapid—abdomen distended—slight diarrhœa—surface of the belly and chest exhibited several reddish patches and papulæ (eruption typhoide). The state of this patient positively forbade the employment of any depletory measures, and the only judicious indication seemed to be, to obviate the putrid symptoms by the use of the chlorurets in drinks, baths, and enemata. In three or four days there was a sensible amendment: a blister was applied on the calf of each leg, and ten grains of the sulphate of quinine sprinkled every day on the excoriated surfaces. The diet was gradually rendered more nourishing, and consisted of broths, soups, fruits, and weak wine and water. This patient ultimately recovered.

Let the preceding case satisfy my opponents, that the same treatment is not uniformly, and to the same extent, followed, in my treatment of fever, without regard to the character of the symptoms, or to the constitution of the patient. By a judicious combination of antiphlogistic and antiseptic remedies, 33 cases out of 36, admitted into our wards, were saved. Such success could not rationally be expected to result from a therapeutics, which inculcated the use of stimulants, purgatives, and emetics. At the commencement, indeed, of the malady, a purgative or an

emetic may be administered with advantage ; but, if they be of drastic severity, or are frequently repeated, the enteritic evil must necessarily be much aggravated. What confirms me in this opinion is, that I know that M. Trousseau has lately abandoned the practice of giving frequent doses of Glauber's salts in dothineritis [the entero-mesenteritis typhoide] as recommended by his master M. Bretonneau. At present he appears to be satisfied with the 'medicine expectante ;' for he gives nothing else but the white oxide of antimony, a substance very nearly quite inert ; and yet he assures us, that his success of late has been very great in the treatment of cases of genuine typhus. No doubt much good may arise from merely abstaining from everything positively injurious, and from not interfering with nature's own operations ; but we think that even the late M. Dance, who was very sceptical as to the advantages of the common practice in fevers, could not have withstood such practical evidence as we have adduced in favor of the plan which was followed in the 36 cases, of which no fewer than 33 recovered."—*Ibid.*

CASES ILLUSTRATIVE OF THE EFFICACY OF CONCENTRATED CHERRY LAUREL WATER IN NEURALGIA.

CASE I.—Irregular Neuralgia of the Neck. A woman, 38 years of age, who had been laboring under violent meningitis (for which she was largely and repeatedly bled), was suddenly, during the decline of the disease, affected with a severe pain on the posterior and lateral parts of the neck ; it returned at irregular intervals of time, but always with extreme violence ; and the usual duration of each paroxysm was about two hours. The affected part did not exhibit any visible marks of disease, except a slight redness ; but yet the gentlest pressure caused intolerable agony. Bleeding, leeches, acetate of morphia, taken internally and applied externally, hyosciamus with valerian and the oxide of zinc, sinapisms to the feet, and a host of other remedies, had been all tried without effect.

Dr. Broglia was at this time first called to the patient ; he ordered the pained part to be well wetted every second hour with a wash composed of three drachms of concentrated cherry laurel leaves water, and three ounces of rose water, the part to be kept constantly covered with a moistened compress. Almost immediate relief was experienced ; and a complete cure obtained in three days.

CASE II.—Femoro-popliteal Neuralgia. A young female, after exposure to cold, when heated, was almost instantaneously seized with an agonizing pain in the knee-joint, extending for a few inches up the thigh and down the leg. The pain, at first severe, became gradually most excruciating, and after lasting for about two hours, it abated ; only however to return at irregular periods, with its former violence. The general health was good. Dr. B. saw her on the third day after the seizure, and ordered a venesection and an active purgative as preliminaries. She experienced relief from these measures, but they did not prevent the return of the paroxysms ; the internal use of sudorifics, turpentine, &c. and the operation of acupuncture, altogether failed ; recourse was therefore had to the external application of the cherry laurel water, as in

the preceding case, and a complete cure followed in the course of a few days.

CASE III.—Sciatic Neuralgia. A lady, during her convalescence from an inflammatory affection of the spinal cord, which required very active depletion, began to experience a severe pain about the right knee, darting upwards to the hip, and also down the leg. Friction, with different anodyne liniments and the extract of henbane, were employed without success. On the evening of the eighth day from the date of the seizure, the laurel water was first used, and its effects were speedily, and permanently also, fortunate.

The next case mentioned is that of a lady 32 years of age, who was suffering from severe irregular sub-orbital neuralgia, which had resisted leeching, quinine, belladonna, &c. but which quickly yielded to the laurel water wash.

The sixth case occurred in a young man who was laboring under irregular remittent neuralgia of the left scapula and shoulder. All the usual remedies, as iron, bark, colchicum, antispasmodics, acupuncture, &c. having utterly failed, Dr. B. then used his wash, and, we are told, with the happiest effects.

The Doctor is candid enough to admit, that the laurel water lotion has failed in several cases, which have been cured subsequently by blisters; and it is necessary to observe, that in scarcely any of the successful examples, had the disease existed long.

M. Roux published a paper in the *Bullétin Générale de Thérapeutique*, for 1832, strongly recommending, in neuralgia, the external use of the following lotion.—Take of distilled cherry-laurel water four ounces—sulphuric ether, one ounce—and of extract of belladonna, two drachms. Mix.—*Annali Universali di Medicina*.

PURIFICATION OF THEATRES OF DISSECTION, &c.

A SPECIAL commission was lately appointed for the purpose of ascertaining the best method of disinfecting anatomical theatres of their stench and unwholesome effluvia. They tried a multitude of expedients, but found that the use of simple charcoal powder is much the most efficacious. Some of this powder was blended with and sprinkled over the putrid contents of the bowels one day, and on the next it was always found that their offensiveness was in a great measure removed; and if the students rubbed their hands well with the charcoal before they washed them, all unpleasant smell was most certainly got rid of. This practice has been tried extensively at the dissecting amphitheatre of the La Pitié Hospital, and from its simplicity and efficacy is now constantly adopted there.

One great advantage of the charcoal is that it is a harmless substance, and that it does not even cause the steel instruments to rust, which unfortunately is apt to be the case if the preparations of chlorine are used as a disinfecting agent.—*Revue Médicale*.

HEARING, THROUGH THE APERTURES MADE BY THE TREPHINE.

WHILE watching the effects of the operation of trephining, in several patients at the Hôtel des Invalids, M. Perier, an assistant surgeon, has discovered, or at least has imagined that he discovered, that they were all conscious of a sensation of a very unusual and constant noise in the part. We have seen the following experiments made at the clinique of the Baron Larrey, and in the presence of the philosopher, M. Savart. The ears of a patient, on whom the operation had been performed, having been well stopped, while the rest of the head was left unincumbered and free, it was found that the sense of hearing was not at all affected, but that he could still perceive every sound quite distinctly, and the more so, when the sounds were directed perpendicularly downwards on the surface of the cicatrix. Even at a considerable distance sounds could be satisfactorily enough distinguished to enable the person to hold conversation with another. The beats of a watch held at a short distance from the cicatrix, were also made out.

Now if, while performing any of these experiments, the artificial aperture in the skull was well covered and compressed with the hand, while the ears remained plugged, the perception of sounds was immediately obstructed.—*Journal Hebdom.*

Are the preceding statements authenticated?—*Ed. Med. Chir. Rev.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1834.

TYPHOUS FEVER IN PARIS.

Is the typhus which is so common with us at this season the same disease with that which is described and treated under this title in Europe? In their general features they certainly do resemble each other, but in some particular respects they differ materially. We have thought it might be interesting to our readers to collect some of those symptoms together, which by authors are considered as essential to typhus, but which among us are less frequently met with, or altogether unknown. We have now before us a description of typhus as it has appeared in the Hôtel Dieu in Paris, by M. Chemel, and from this we shall obtain such of their peculiar symptoms as seem worth mention.

Among the most important symptoms of the invasion of this fever, M. Chemel mentions the occurrence of diarrhœa. In the greater number of cases, he observes, this symptom comes on by the first or second day, though sometimes later. There is also generally some pain about the abdomen; and this, when present, completes the diagnostic marks. These marks, as quoted by M. C. are better worth observing, because in adverting them, he seems to be uninfluenced by any preconceived theory of the necessary dependence of fever on gastric irritation. The fact has not been noticed as a general one, among us at least. We have not met with it so frequently as to excite observation.

M. Chemel divides the whole course of typhus into three periods, to each of which he assigns an average period of seven days, though he acknowledges that the actual duration is exceedingly uncertain. In the first period he remarks, as one of the most striking circumstances, the want of expression in the countenance, or rather the expression of apathy and indifference. It is soon apparent that the intelligence has suffered a great diminution, yet delirium rarely comes on before the commencement of the second stage, or at all events the end of the first. With us delirium does not often occur until the third week of the disease.

M. C. observes of the headache which usually attends the onset, that it remains with great severity during the first week, and almost always yields at the end of this time. A symptom, he says, about which authors are silent, is the gurgling under pressure in the lower part of the abdomen, particularly about the right iliac region. This phenomenon appears to be as uncommon in other diseases as it is frequent in this. It is sometimes met with in the first stage, but still more frequently in the second and third. Is this observation confirmed by experience among us? We have noticed much flatulence to be developed in the course of this disease, but generally at a later period than that assigned for the symptom in question, and without suspecting that it was at all peculiar to its character as typhus.

The next circumstance noticed is a modification which occurs in the character of the respiration. During the first days, observes our author, and sometimes even from the very beginning, we find on both sides of the chest a râle sibilant which occupies the whole extent of it, but which is more marked at the lower and posterior than at the other part. The cough is rarely in proportion to the râle, and the expectoration is usually scanty, transparent, tenacious, and viscous, adhering strongly to the vessel. We have not observed, among the early symptoms of the disease, the affection of the chest here noticed. It has been observed, however, in some seasons, and was so particularly during the last summer, that where cases were protracted, a tedious and apparently wasting cough manifested itself with profuse expectoration and night sweats, so as to inspire the suspicion of phthisis supervening as the principal malady; a suspicion, however, which generally proved to be groundless, the cough subsiding as the strength returned and the other symptoms were overcome.

At the end of the first week or at the commencement of the second, an eruption takes place, which, from its constancy in this disease, is named by M. Chemel the typhoid eruption. It consists of small spots of a rose color, disappearing on pressure, from half a line to two lines in diameter, of a round form, without elevation, or scarce elevated, scattered over the abdomen, sometimes over the chest, more rarely on the thighs, arm or forearm. The number can scarcely be determined, because they are not always equally conspicuous; but to characterize the typhoid disease they ought to amount to at least fifteen or twenty. The duration is not always the same; in some cases, after two or three days no more remain; at other times they last twelve or fifteen days; but in the latter case they probably consist of successive crops, for each spot is visible only for about three or four days, and sometimes less. The proportion of cases in which this eruption appeared, was about three to four of the whole number.

In the third period, if the course is favorable, the changes described by M. Chemel are nearly those which we habitually witness at the same stage. The following train of symptoms, which tend to a different result,

are sufficiently frequent and remarkable to be quoted. The patient is suddenly seized with very acute pain in the abdomen, with a sense of faintness, followed by nausea and vomiting; and this, whatever may have been the previous form of the fever. All the other symptoms, as it were, disappear before the severity of the new phenomena, which indicate the existence of peritonitis, at first partial, but afterwards general. The pulse is small and thready, the abdominal pains continue with great intensity; and in fact a very severe inflammation of the peritoneum is set up without any appreciable cause, but which is the result of the tunics of the bowels being perforated, and feculent matter effused. This perforation of the intestines is the most formidable accident which can supervene in the course of typhous fever, for it almost invariably leads to the patient's death. M. Louis at La Charité, observed the perforation eight times in fifty-five patients who died of typhus, being one to seven. At the Hôtel Dieu, forty-two post-mortem examinations gave two cases of perforation; a proportion of one to twenty-one. By uniting both sets of observations, the proportion obtained would be one to ten, which is probably near the truth.

M. Chemel notices, in common with practitioners who have met with the disease here, the extreme slowness with which recovery takes place in cases of typhus, and the ravenous character of the appetite which it is so often found necessary to control. Another occurrence mentioned by him as rare, and which we should imagine to be still more so here, is a derangement of the intellectual faculties, consisting in a kind of mania, which often disappears when the patient returns to his wonted occupations, but which may also then become more formidable. In 1831, there was a patient in Lazarus Ward, a girl, whose convalescence began about the twenty-sixth day of a fever, which had been extremely severe, and accompanied by delirium during twelve days. After eighteen or twenty days of convalescence, it was observed, without other apparent cause, and without increase in the frequency of the pulse, that a decided change took place in her character; she became vicious and cross, and her reason was soon so much impaired that it was necessary to send her to the Salpêtrière, whence she was discharged cured in a fortnight.

VOMITING IN LABOR.

WHAT is the final cause of vomiting during labor? We have generally supposed, that, like the vomiting which took place during pregnancy, this was simply an evidence of the sympathy existing between the uterus and the stomach, and to be regarded without any reference to any ultimate object, which it could be supposed to possess. Some, however, are disposed to judge differently of this matter, and to consider the occurrence of vomiting as being intended to relax the muscular system, and thus to facilitate the passage of the child. In conformity with this view of the subject, we observe that an Irish practitioner, Dr. Shanahan of Dublin, has actually tried the experiment of exhibiting nauseant doses of tartar emetic in cases of preternatural rigidity of the os uteri, and as a substitute for the abstraction of blood, frequently practised in similar cases. This practice he mentions has been attended in many instances with marked success. He also seems to apprehend that the action of vomiting will be followed by an increased secretion, not only of the perspiration, but likewise of the mucus of the vagina, and that in this manner also labor will

be facilitated. We recommend these views to the consideration of our medical brethren. For ourselves we believe that in the great proportion of cases, nature understands managing the parturient process sufficiently well, and that any interference by art will certainly be useless, and may, by some unforeseen and unexpected consequence, prove to be even worse. To aggravate the sufferings of a parturient woman by giving a nauseating medicine, must certainly in ordinary cases be as useless as cruel; and what complication would be sufficient to render this course expedient, without involving the necessity of more active interference, is a point very difficult to settle by definition, and more difficult, we should judge, to determine in practice.

BLOODLETTING IN INTERMITTENTS AND CHOLERA.

We see that the practice of bleeding in the cold stage of intermittent fever, which was first brought into notice by Dr. M^cIntosh, of Edinburgh, three or four years since, is occasionally revived with such success, as induces the fortunate experimenter to put forth its claims to the public attention. Very recently several cases are published in the *Lancet*, where its success was so perfect, that the writer has no hesitation in pronouncing it a safe, efficient, and certain remedy. It is a strong evidence how much we have yet to learn on the subject of pathology, that no satisfactory theory of this effect seems ever to have been assigned. The obvious effect of the practice, when successful, is to cut short the hot stage and bring on immediately that of perspiration. This may be attributed to the relaxation which takes place in the extreme vessels, and the removal of that torpor or spasm by which they were previously affected. But how does this correspond with the effect of bleeding in removing inflammation, as that of the eyes, for instance, when under its influence we see the vessels cease to admit the red blood, and the surface become white and clear? Is that also the removal of a spasmodic action? It adds not a little to the difficulty of accounting for the good effects of bleeding in intermittent fever, that it is practised in a state of the circulation, which seems, of every other, especially to discourage it, namely, a state of peculiar depression of the circulating system. This state of depression is not only evinced by the state of the pulse, which is for the most part extremely feeble, but likewise by the manner in which the fluid comes from the vein, commencing by drops, and only attaining a full stream after a lapse of five, ten, or twenty minutes. The effect of bleeding in these cases certainly presents a striking analogy with that produced by it in some of the less severe cases of cholera, in which there is the same difficulty of obtaining blood, but in which a full stream, once produced, is almost certain to be followed by relief. Can it be that in both cases it is the fortunate excitement of one of the normal and natural actions of the system, which causes the others by sympathy to follow on in its train? In cholera we have been tempted to regard bleeding rather as a test of the power of reaction in the system, than as exerting any unequivocal restorative influence. At all events its reputation, suddenly acquired, seemed to experience as sudden a decline. With remedies the difficulty will always be to decide whether, when they succeed, the disease would not have been relieved without them; and when they fail, how far this failure goes to show the impotence of the remedy itself, and how far it is to be attributed to the presence of peculiar circumstances controlling its action, or to the violence of the malady, which would have rendered unavailing all interference of art.

MEDICAL STATISTICS.

We presented to our readers, some weeks since, a table containing some numerical statements which indicated the comparative mortality of the medical profession compared with others, in Germany. The following contains some of the same results combined with others, in such a manner as to show the comparative probability of life among the male population of England and Wales, the practitioners of Germany and those of the United States. The facts in regard to the longevity of American physicians are said to have been obtained from Thatcher's American Medical Biography.

Comparative Probability of Life among the Male Population of England and Wales, and the Medical Practitioners of Germany and N. America.

1.	2.	3.	4.	1.	2.	3.	4.
Age.	Probable Male Life in England and Wales.	Probable Life of Medical Men in Germany.	Probable Life of Medical Men in North America.	Age.	Probable Male Life in England and Wales.	Probable Life of Medical Men in Germany.	Probable Life of Medical Men in North America.
21	38.7	—	—	61	13.	9.7	14.9
22	38.13	—	—	62	12.5	9.	14.5
23	37.6	35.5	—	63	11.9	8.8	14.
24	36.8	34.4	—	64	11.3	8.5	13.4
25	36.3	33.4	—	65	10.6	8.	12.6
26	35.85	33.	—	66	10.1	7.5	11.7
27	35.25	32.	38.	67	9.6	7.2	11.2
28	34.75	31.4	—	68	8.9	6.5	10.3
29	34.	30.1	—	69	8.5	6.	9.5
30	33.4	29.8	36.	70	8.	5.5	8.9
31	32.8	28.6	35.	71	7.6	5.4	9.5
32	32.1	28.	34.1	72	6.9	5.	8.7
33	31.5	27.6	33.4	73	6.6	5.	8.5
34	30.75	26.8	32.5	74	6.3	4.7	7.75
35	30.1	26.	31.6	75	5.9	4.6	7.25
36	29.5	25.	30.7	76	5.6	4.4	6.6
37	28.8	24.7	29.9	77	5.12	3.9	5.8
38	27.9	24.	29.5	78	5.	3.3	5.75
39	27.4	23.5	29.	79	4.75	3.	4.8
40	26.7	22.7	28.75	80	4.3	3.	4.7
41	26.	22.	28.12	81	4.	4.	4.16
42	25.5	21.3	27.	82	3.6	4.	3.5
43	24.75	20.3	26.62	83	3.1	4.	4.25
44	24.2	19.7	25.75	84	2.95	4.	3.75
45	23.5	19.	25.12	85	2.8	4.	3.5
46	22.75	18.2	24.5	86	2.75	3.5	3.16
47	22.1	17.3	23.75	87	2.63	2.6	2.33
48	21.5	16.7	23.5	88	2.4	2.	1.7
49	20.9	16.	23.	89	2.32	1.5	1.
50	20.1	15.4	22.08	90	2.3	0.5	1.5
51	19.5	15.	21.37	91	2.57	0.0	1.3
52	18.75	14.2	20.5	92	2.4	—	1.
53	18.	13.5	19.75	93	2.35	—	.5
54	17.6	12.8	19.	94	2.23	—	.0
55	16.8	12.6	18.	95	2.04	—	—
56	16.2	12.4	17.5	96	2.	—	—
57	15.5	11.9	17.37	97	1.86	—	—
58	15.	11.	16.9	98	1.7	—	—
59	14.3	10.6	16.8	99	1.6	—	—
60	13.6	10.3	15.25	100	1.23	—	—

